

August 16, 2007

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

VIA E-Filing

MAIL STOP AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

I hereby certify that this correspondence is being transmitted by electronic filing to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on _____.

Printed or typed Name of person signing certificate

(Signature)

Date of Signature

Re:	Invention:	System and Method for Optimizing Clinical Optic Prescriptions
	Inventors:	Thibos, Larry N. et al.
	Serial No.:	10/582,470
	Filed:	12/13/2004
	Our Docket No.:	P00873-US-01

RESPONSE TO NOTIFICATION OF INSUFFICIENT FEES

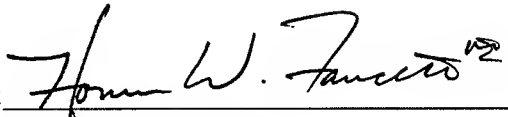
Dear Examiner Smith:

This is in response to the Notification of Insufficient Fees dated February 16, 2007. Further to Applicants' voice message of March, 9, 2007, Applicants authorize the additional fees to be charged to Deposit Account No. 09-0007 for this matter. Applicants respectfully request that the form accompanying the application, authorizing any deficiencies to be charged to Deposit Account No. 09-0007, be considered authorization of this charge as of the time of filing. In the event that any additional fees are required, Applicants conditionally petition therefore, and

authorized such a charge to be made to Deposit Account No. 09-0007. Please include reference number P00873-US-01 when making any charge to the account.

Respectfully submitted,

ICE MILLER LLP

By:  _____

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